

MAR 1 0 2008 MICHAEL W. DOBBINS

10/10/2007

NORTHERN DISTRICT OF ILLINOIS

UNITED STATES DISTRICT COURT FOR THE CLERK, U.S. DISTRICT COURT

1 ,			IN FORM		RIS APPLICA	TION
elly	J. Plaintiff	Dfoma	F		AND AL AFFIDAVIT	Γ
part	v. nu "f Defenda	Define	CAS JUI	SE NUMBER OGE <i>JOCU</i>	Of C	4/1 Alow
more inf provided I,	t full preparthat I am	and the space that is provided, please place an X into the space that is provided, and information. Please PRI in the above-enting ment of fees, or □ in supunable to pay the costs of tition/motion/appeal. In some under penalty of perjunation in the space in the sp	attach one or more NT:, declare the tled case. This aform the port of my motion these proceeding upport of this pe	e pages that re at I am the fidavit consti in for appoint is, and that I	fer to each such quest □plaintiff □petition itutes my application ment of counsel, or am entitled to the r	on number and oner Omovant oner Oproceed of both. I also relief sought in
1.	ID#	currently incarcerated?	☐Yes Name of prison of the institution? [□No r jail: □Yes □No	(If "No," go to Qu	
2.	Are you Monthly	currently employed? salary or wages: d address of employer:	□Yes			
	a.	If the answer is "No": Date of last employment: Monthly salary or wages: Name and address of last				
	ь.	Are you married? Spouse's monthly salary of Name and address of employees				
3.	or any	from your income stated above else living at the same s? Mark an X in either "Ye	e residence recei	ved more tha	ın \$200 from any	of the following
	a. Amou	Salary or wages	Received by		□Yes	CIM6

b. Amoun		or □ other self-employment Received by	□Yes		
c. Amoun	☐ Rent payments, ☐ interd	est or □ dividends _Received by	□Yes		
d.	☐ Pensions, ☐ social sec	urity, □ annuities, □ life insyment, □ welfare, □ alimony	surance, 🗆 disa	bility, □ or □ chi	workers'
Amour	nt	Received by			
e. Amou	☐ Gifts or ☐ inheritances	s Received by	□Ye		ENO.
f.	☐Any other sources (state	e source:Received by) □Ye	s	ENo
Do y savin In wl	you or anyone else living at ngs accounts? hose name held:	the same residence have mor Yes Relationship t	re than \$200 in Total amount: o you:	cash or c	hecking or
finar	ncial instruments?	t the same residence own an	ПΥ	es	
Prop In w	perty:	Current Value Relationship	to you:		
Do g cond Add Typ In w Am	you or anyone else living dominiums, cooperatives, to dress of property: be of property: whose name held: count of monthly mortgage or	at the same residence own a vo-flats, three-flats, etc.)? Current value:Relationship to loan payments:tts:	ny real estate	(houses, a	apartments,
hon	nes or other items of person	t the same residence own any al property with a current man	rket value of mo	ore than \$	1000?
	perty:				
In v	rrent value: whose name held:	Relationsh	ip to you:		

declare under penalty of perjury that the above infor to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss allegation of poverty is untrue. Date:	this case at any time if the co	ort determines that my
NOTICE TO PRISONERS: A prisoner must a institutional officer or officers showing all receipts, in the prisoner's prison or jail trust fund accounts. Be covering a full six months before you have filed your in your own accountprepared by each institution veriodand you must also have the Certificate below	expenditures and balances du ecause the law requires informate lawsuit, you must attach a she where you have been in custod	ring the last six months ation as to such accounts et covering transactions by during that six-month
(Incarcerated	IFICATE applicants only) institution of incarceration)	
I certify that the applicant named herein,	, I.D.#	, has the sum of
\$ on account to his/her credit at (n	name of institution)	·
I further certify that the applicant has the following	securities to his/her credit:	I further
certify that during the past six months the applican	nt's average monthly deposit	was \$
(Add all deposits from all sources and then divide	by number of months).	
DATE	SIGNATURE OF AUTHOR	NIZED OFFICER

rev. 10/10/2007

(Print name)